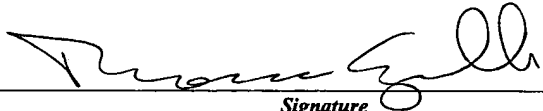
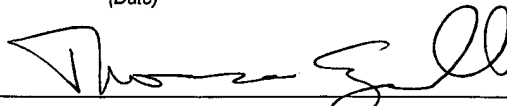


IPW  
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3731

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 15174	
<b>Applicant(s):</b> Katsumi Sasaki						
<b>Application No.</b> 10/029,627	<b>Filing Date</b> December 21, 2001	<b>Examiner</b> Vy Q. Bui	<b>Customer No.</b> 23389	<b>Group Art Unit</b> 3731	<b>Confirmation No.</b> 5083	
<b>Invention:</b> SURGICAL OPERATION INSTRUMENT			<b>Corres. and Mail</b> <b>BOX AF</b>			
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>	
<b>TOTAL CLAIMS</b>	16 -	20 =	0 x	\$50.00	\$0.00	
<b>INDEP. CLAIMS</b>	3 -	4 =	0 x	\$200.00	\$0.00	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ <i>Signature</i>			<b>Dated:</b> December 20, 2004			
<b>Thomas Spinelli</b> <b>Registration No.: 39,533</b>			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align:center">12/20/2004 (Date)</p><p style="text-align:center"> _____ <i>Signature of Person Mailing Correspondence</i></p><p style="text-align:center"><b>Thomas Spinelli</b> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div>			
cc:						



Corres. and Mail  
**BOX AF**

**RESPONSE UNDER 37 C.F.R.  
§ 1.116 EXPEDITED PROCEDURE  
EXAMINING GROUP 3731**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicant:</b>	Katsumi Sasaki	<b>Examiner:</b>	Vy Q. Bui
<b>Serial No:</b>	10/029,627	<b>Art Unit:</b>	3731
<b>Filed:</b>	December 21, 2001	<b>Docket:</b>	15174
<b>For:</b>	SURGICAL OPERATION INSTRUMENT	<b>Dated:</b>	December 20, 2004
<b>Conf. No.:</b>	5083		

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE UNDER 37 C.F.R. § 1.116**

Sir:

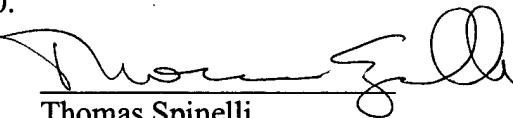
In response to the Final Official Action dated September 21, 2004, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

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**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 20, 2004

  
Thomas Spinelli